

## HIV Prevention Interventions FY 2006 Quarterly Progress Report

District : _____ Dates: _____ to _____
Submitted by: _____

*Describe activities conducted in the following:*

Accomplishments for Interventions

Barriers to implementing interventions

Evaluation activities for interventions

Technical Assistance request:

Schedule of Next Quarter's Contract Activities:

Date/Time	Activity/Event	Location

**Remember:** Attach a copy of media materials (brochures, newsletters, web sites, billboards, etc.) developed or purchased with State STD/AIDS contract funds